

PARKWAY CARDIOLOGY ASSOCIATES

PATIENT SATISFACTION SURVEY

Dear Patient: Our goal is to provide you with the highest quality of cardiology care in the most efficient and pleasant manner possible. In order to do this, we randomly survey our patients to find out how we are doing. Please take a moment to fill out this survey. Your comments will help us evaluate our operations to ensure that we are truly responsive to your needs. Thank you for your help.

A. Please circle the name of the doctor you saw during your visit:

L. Todd Justice, MD	Laura Cutler, ANP-BC	Tiffani Zichko, NP
Milan J. Sheth, DO	Jessica Hamby, NP	
Saadi Siddiqi, DO	Pam Jernigan, APRN	
Rakesh Vohra, MD	Stephanie Wilkerson, NP	

PLEASE RATE THE FOLLOWING:

	Excellent	Very Good	Good	Fair	Poor	Not Applicable
B. YOUR APPOINTMENT						
1. Ease of making appointments by phone	5	4	3	2	1	N/A
2. Appointment available within a reasonable amount of time	5	4	3	2	1	N/A
3. The efficiency of the check-in process	5	4	3	2	1	N/A
4. Waiting time in the reception room	5	4	3	2	1	N/A
5. Keeping you informed if your appointment time was delayed	5	4	3	2	1	N/A
C. OUR STAFF						
1. The courtesy of the person who took your call	5	4	3	2	1	N/A
2. The friendliness and courtesy of the receptionist	5	4	3	2	1	N/A
3. The caring concern of our nurses/medical assistants	5	4	3	2	1	N/A
4. The helpfulness of the people in our business office	5	4	3	2	1	N/A
5. The professionalism of our technical staff	5	4	3	2	1	N/A
D. OUR COMMUNICATION WITH YOU:						
1. Your phone calls answered promptly	5	4	3	2	1	N/A
2. Availability of medical information /advice by telephone	5	4	3	2	1	N/A
3. Explanation of your procedure (if applicable)	5	4	3	2	1	N/A
4. Your test results reported in a reasonable amount of time	5	4	3	2	1	N/A
5. Effectiveness of our health information materials	5	4	3	2	1	N/A
6. Our ability to return your calls in a timely manner	5	4	3	2	1	N/A
7. Your ability to contact us after hours	5	4	3	2	1	N/A
8. Your ability to obtain prescription refills by phone	5	4	3	2	1	N/A

(Please complete the reverse side)

	Excellent	Very Good	Good	Fair	Poor	Not Applicable
E. YOUR VISIT WITH THE DOCTOR						
1. The doctor listening to you	5	4	3	2	1	N/A
2. The doctor taking time to answer your questions	5	4	3	2	1	N/A
3. Amount of time the doctor spent with you	5	4	3	2	1	N/A
4. The doctor adequately explaining treatment options	5	4	3	2	1	N/A
5. The doctor's instructions regarding medication/follow-up care	5	4	3	2	1	N/A
6. The thoroughness of the examination	5	4	3	2	1	N/A
7. The outcome of treatment prescribed by your doctor	5	4	3	2	1	N/A

F. OUR FACILITY						
1. Hours of operation convenient for you	5	4	3	2	1	N/A
2. Overall comfort of the office surroundings	5	4	3	2	1	N/A
3. Adequate parking	5	4	3	2	1	N/A
4. Signage and directions easy to follow	5	4	3	2	1	N/A

G. YOUR OVERALL SATISFACTION WITH:						
1. Our practice	5	4	3	2	1	N/A
2. The quality of your medical care	5	4	3	2	1	N/A

IN GENERAL, HOW WOULD YOU RATE YOUR HEALTH 5 4 3 2 1 N/A

WOULD, YOU RECOMMEND THE DOCTOR TO OTHERS' Yes 1 No 2

IF NO, PLEASE TELL US WHY: _____

IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT:

SOME INFORMATION ABOUT YOU:

GENDER

Male 1
 Female 2

YOUR AGE

Under 18 1
 18 - 40 2
 41 - 50 3
 51 - 65 4
 Over 65 5

ARE YOU:

A new patient 1
 A returning patient 2

Optional Information:

Name _____ Telephone #: _____

Email Address: _____

**Thanks for you help! If you have any questions, please call 865-482-4078 x240
 Please return this survey to Parkway Cardiology Associates, Atten: Survey, 80 Vermont Ave, Oak Ridge, 37830**